



Center for Integrated Healthcare (VISN2) Center of Excellence



Overview: Integrated Primary Care

Integrated Primary Care is required by the VA Uniform Mental Health Services Handbook and consists of two components: (1) co-located collaborative mental health providers and (2) care management for mental health conditions. The CIH principal focus is on co-located collaborative care (CCC) where mental health providers (MHPs) (psychologists, social workers, or psychiatric prescribers) work side-by-side with medical primary care providers. CIH works collaboratively with other VA centers that specialize in care management of mental health disorders to successfully blend the two components.

Co-located, Collaborative Care: Mental health assessments and treatments are provided, typically in brief 30-minute appointments. Mild depression, alcohol use problems, posttraumatic stress disorder (PTSD), and a host of other concerns can be addressed in the primary care setting. MHPs help monitor medications for mental health problems and teach Veterans self-management skills for these conditions. Veterans in need of help for more severe conditions are referred to specialty mental health care. Mental health providers also help Veterans find ways to lead a healthier lifestyle. They can help Veterans to quit smoking, manage their weight or improve diabetes self-care. In addition, the mental health provider is available to assist in times of emotional crisis.

Mission

The CIH mission is to improve the health of Veterans by integrating mental health prevention and treatment services into the primary care setting. Since its inception, the CIH has implemented this mission through working to achieve its four primary goals.

- To conduct clinical research on (a) the description of mental health problems of Veterans presenting for treatment in primary care, (b) the evaluation of the effectiveness of implementing interventions for mental health problems in the primary care setting, and (c) the process of integration of mental health treatment and prevention services in primary care.
- To evaluate the implementation in VISN 2 of the co-located, collaborative mental care and its blending with care management.
- To implement a network of training programs that target clinical staff and health care trainees that focuses on integrated health care of Veterans in the primary care setting.
- To improve the use of consistent evidence-based practice for the delivery of mental health services in primary care and to support the development of new technology to improve access to care.

The CIH's organizational structure includes three arms: Research, Education, and Clinical.

Research

We strive to provide clinically relevant information to improve healthcare for Veterans. We focus on the process of care, including how to best identify and treat Veterans with mental health problems within the primary care setting. We investigate areas of high priority for VA.

These include but are not limited to:

- Brief Interventions for Substance Use Disorders,
- Post-Traumatic Stress Disorder Recognition and Treatment in Primary Care
- Recognition and Management of Cognitive Impairment in Older Primary Care Patients

Education

The education component of CIH supports the implementation of integrated primary care throughout VA nationally by:

- Training all types of health care staff to work in integrated primary care settings.
- Educating the next generation of VA health care providers.
- Disseminating evidence-based practices in integrated primary care.

Clinical

The goal of CIH's clinical component is to improve the quality of mental health care provided in the primary care setting by:

- Developing innovative clinical demonstration projects that enhance the delivery of holistic health services in primary care.
- Consulting with staff around program management and clinical issues, and
- Helping primary care teams across the country develop skills to address behavior change needs and to increase team collaboration for patient-centered care.

Selected Studies and Projects

- CIH Program Evaluation of VISN 2 Integrated Primary Care Model
- Quarterly Co-located Collaborative/Blended Models Training Programs
- *Primary Care Based Care Management for Alcohol Dependence*. Veterans Health Administration HSR&D Grant IIR 06-058 (PI: Oslin, D., VISN 4 MIRECC; Co-PI Maisto, S.A.; Site PI Lantinga, L.J.) 2007-2011
- *Daily Fluctuations in PTSD Symptoms and Alcohol Use among OEF/OIF Veterans*. CSRD IIR . 1101CX000175 (PI: Ouimette, P.; Co-I Maisto, S.) 2010-2013

Selected Publications

Andersen, J., Wade, M., Possemato, K., Ouimette, P. (in press). The relationship between posttraumatic stress disorder and physician diagnosed disease in Iraq and Afghanistan veterans. *Psychosomatic Medicine*.

Beehler, G.P., Finnell, D.S., Foltz, K., & Edwards, D. (in press). Patient exit interviews for assessing fidelity to the VA VISN2 integrated primary care model: Results from a pilot feasibility study. *Journal of Interprofessional Care*.

Funderburk, J.S., Sugarman, M.S., Maisto, S.A., Ouimette, P., Schohn, M., Lantinga, L.J., Wray, L.O., Batki, S.L., Nelson, B., Coolhart, D., & Strutynski, B.S. (in press). The description and evaluation of the implementation of an integrated healthcare model. *Families, Systems and Health*.

Possemato, K., Wade, M., Andersen, J., Ouimette, P. (in press). The impact of PTSD, depression and substance use disorders on disease burden and health care utilization among OEF/OIF veterans. *Psychological Trauma: Theory, Research, Practice, and Policy*.

Ouimette, P., Read, J., Wade, M., & Tirone, V. (2010). Modeling associations between Posttraumatic Stress symptoms and substance use. *Addictive Behaviors*, 35, 64-67.

Leadership

Executive Director – Stephen A. Maisto, PhD

Director of Clinical Operations - Margaret Dundon, PhD

Director of Education – Laura O. Wray, PhD

Director of Research – Paige Ouimette, PhD

Chief Operating Officer – Larry J. Lantinga, PhD

Contact

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